CANADA STUDENT LOANS PROGRAM

COLLECTION AGENCY DIRECTIVES

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COLLECTION AGENCY DIRECTIVES

PURPOSE

These Directives describe the procedures and practices to be followed by collection companies for the collection of delinquent Canada Student Loans under the Master Agreement for the period commencing October 1, 1988. Under the Master Agreement the Contractor is to provide a collection agency service to trace delinquent borrowers, where necessary, and to collect the principal and accrued and accruing interest on debtors' Canada Student Loan (CSL) accounts assigned to the Contractor by the Student Assistance Directorate (SAD). The Contractor will accept explicit directions for the collection of Canada Student Loans specified in these directives.

SECTION I

GENERAL COLLECTION PROCEDURES

1. SCOPE OF WORK

The Contractor shall accept deviation from normal collection practices as set down in these directives, in particular with regard to the situation of the debtor in full-time studies, and handling of interest relief for those who are sick, unemployed or disabled.

The Contractor shall use only materials approved by the Student Assistance Directorate for transmittal to debtors. Printed material must be available in both official languages.

Part-time loan accounts must be maintained separately from each other and from full-time loan accounts.

There must be complete segregation of tracing/collection operations from credit reporting operations for purposes of Canada Student Loan accounts.

Branch managers and/or personnel will be permitted to attend, at the Contractor's expense, training seminars at places and times set, from time to time, by the Student Assistance Directorate (SAD) for purposes of training and updating company staff on procedures, restrictions, etc.

2. LIAISON AND STAFF REQUIREMENTS

A. The Contractor shall designate a Coordinator acceptable to SAD, as a contact with the SAD. The Coordinator shall have authority to issue instructions to all offices of the Contractor ensuring that requirements of the SAD are carried out and that all offices comply speedily with such requirements. All contact regarding C.S.L. accounts will be routed through the Coordinator except as detailed otherwise in these directives. (See Page 7, paragraph 9.B(iii).)

B. Only senior, experienced Contractor's staff are to handle C.S.L. accounts and the positions occupied by such individuals must be specifically nominated by a title, agreeable to SAD, in each office. It is the branch manager's responsibility to ensure that the incumbents are completely familiar with these directives and that the provisions of these directives are properly followed. The branch manager is also responsible for the training of staff newly assigned to the collection of CSL accounts, to institute any procedural changes resulting from any subsequent amendments to these directives, and to ensure that the requirements for reports to the Directorate as detailed in Section 1, paragraph 9, (Reporting to S.A.D.) and in Section 3(Reports) are met.

C. All employees working on the collection of Canada Student Loan accounts will be paid on a salary, not commission or bonus basis. Canada Student Loans collections must not be counted in branch performance measurements for branch bonus purposes.

3. PROVISION OF BILINGUAL SERVICE

Contractors will be required to provide service in both official languages:

- where the size of the CSLP borrower population justifies it, bilingual service will be provided on-site;

- where population numbers are insignificant the Contractor should transfer the borrower's account to the nearest office where service in the requested language is available.

The availability of such service will be communicated to all CSLP borrowers by both SAD and by the Contractors in their initial contact with debtors.

4. AGENCY ACCOUNT ACTIVITY RECORD

The designated collector(s) in the branch must record all activity on a C.S.L. account, detailing any contact with a debtor, dates, copies of correspondence, calculations quoted, etc. The history of the account must be clearly explained and provided in a form prescribed by SAD.

In those cases where the record of activity and contacts is maintained electronically, hard copies of this history must be made available for review as requested. Printouts of an account's electronically maintained history will be transmitted to SAD for all accounts referred to SAD with a recommendation for legal action.

5. AUDITS

SAD staff, or agents of SAD, may visit branch offices of the Contractor to conduct audits of C.S.L. accounts being collected by the Contractor, and of the procedures used in the handling of CSL accounts. On a routine basis, visits will be arranged with the Contractor, however, SAD reserves the right to visit offices or conduct audits without giving prior notice.

SAD will discuss audit findings and recommendations with Contractors. Contractors will implement audit recommendations respecting the treatment of CSL accounts to the satisfaction of SAD and within time frames specified by SAD.

6. CROWN WITNESS

The Contractor shall provide a witness to testify for the Crown and present an account activity record as evidence as and when required by the Department of Justice.

7. STATUTE BARRED ACCOUNTS

SAD is bound by provincial statutes of limitations. The Contractor should ensure that obtaining a written acknowledgement of the debt from the debtor forms a part of regular collection activity. All accounts should be returned to SAD within two years of the date on which the limitation period expires:

A. where the debtor refuses to acknowledge the debt. (See Page 24-25 paragraph 7.J); or

B. where the location of the debtor is unknown and all efforts to locate the debtor have been exhausted.

8. ACCOUNTS REQUIRING SPECIAL HANDLING

From time to time, there will be accounts requiring special handling.

A. Accounts transmitted to the Contractor from SAD with special instructions as to handling, will be processed with rigorous attention to those instructions.

B. During normal collection practices, in cases where it is learned that the debtor is indigent or experiencing medical problems (or other cases of a sensitive nature), SAD must be notified immediately.

9. REPORTING TO S.A.D.

A. Reports Requiring a C7 (White C7 Temporily Suspended)

With the exception of the conditions outlined in 9.B and 9.C, all status reports, requests for information, clarification, decisions etc., must be attached to a C7 (Collection Agencies Status Request) (Annex H-1 and H-2).

B. Special Reports

(i) SAD officers occasionally request special reports on an urgent basis. Such requests will be made through the Co-ordinator's office.

(ii) All complaints received by SAD from debtors regarding their treatment by the Contractor will require a written report from the Contractor. In the case of verbal complaints, a verbal report is required within 24 hours and then a written report must be received within two weeks of the date on which the Coordinator is notified. In the case of written complaints, the report must be received within three weeks of the date of receipt of the written request from SAD to the Coordinator.

(iii) SAD officers may also request special verbal reports on a debtor's co-operation with the agency, in order to rule on a debtor's eligibility for reinstatement. Such requests may be made by telephone directly to the branch manager.

C. Collection Activity Reports

These reports, will be submitted to S.A.D. on a monthly basis. Reports will be submitted for each branch office of the Contractor. A report summarizing activity for the entire operation will also be submitted. Reports will be submitted no later than 30 days after the close of the month on which activity is being reported. Content and format will be finalized with each agency.

10. LOCATING DEBTORS

The Contractor shall make every effort to locate a debtor. If all normal "locate" procedures fail, the Contractor's designated representative may contact the Provincial Authority in the province which issued the debtor's student loan and/or the Educational Institution attended by the debtor, for information as to the debtor's whereabouts. Such contact must be in writing only, on the Contractor's letterhead paper, in the approved format (See Annex A, and attached list of Contact People for the provincial Authorities).

11. CONTACT WITH DEBTORS

A. Initial Contact

Any office receiving a C.S.L. account shall contact the debtor to discuss his indebtedness within 15 working days of receipt.

CONTACT WITH A DEBTOR MUST BE MADE WITH A VIEW TO OBTAINING HIS/HER COOPERATION. The designated collector shall initially advise the debtor in writing:

(i) of Contractor's name, that he/she acts pursuant to a Contract of Service with the Secretary of State for the collection of Canada Student Loans, and that collection services are provided in either of the two official languages. Under no circumstances will the Contractor or its employees misrepresent itself as acting for the Receiver General or the Department of Justice.

(ii) of the amount of principal owed, interest rate and interest owed from date of default; that this amount, while due and payable in full immediately, may be repaid in regular installments if the debtor's financial position does not permit repayment in full.

(iii) that he/she should come in for a personal discussion of his/her financial position so that a satisfactory repayment schedule may be arranged. If contact is made by letter or if it is not feasible for the debtor to come in for an interview, he/she should be asked to set out his/her financial situation in a letter or by using the financial statement form (Annex B)

B. Harassment

(i) Debtors may be contacted at or through their places of work only when all other means of contacting the debtor have been exhausted. When a debtor is called at work, the collector must not disclose the purpose of the call or identify himself/herself to any third party but may leave his/her name and a telephone number for the debtor to call.

(ii) A Debtor must not be threatened with jail, police or RCMP action, garnishee, repossession, or any other type of legal action, nor may any reference be made to any involvement of the Department of Justice in the case. However, debtors who are able to pay but are refusing to pay the C.S.L. debt must be informed that the Contractor has been instructed to recommend to the government that such debts be recovered through legal action.

C. Correspondence

The Contractor must use the form letters supplied in Appendix D when contacting debtors. Variations from these letters may be accepted providing the content and tone are the same and subject to prior SAD approval. All form letters are to be printed by the Contractor.

The name, address and telephone number of the Contractor must appear on all correspondence. Envelopes used to mail correspondence must bear a return address which would cause return mail to be directed, at minimum, to a Post Office Box.

D. Repayment Arrangements

(i) THE COLLECTOR SHALL NOT REFER A DEBTOR TO A LENDING INSTITUTION TO OBTAIN FUNDS FOR PAYMENT OF A CSL DEBT.

Exceptions may be made when the financial burden of the debtor is so great (large number of outstanding debts to several creditors) that a consolidation loan may be helpful. Where the collector feels such a solution is sensible, he/she should advise the debtor to obtain the lowest cost loan possible, i.e., debtors should be advised to approach credit unions or banks only. The outcome must clearly be to the advantage of the debtor.

(ii) Where a debtor is unable to repay the loan in one payment, the emphasis should be on having the debtor commence a regular payment schedule using the table in section 2, Paragraph 2.A iii) as a guide. The debtor should also be advised that it is to his/her benefit to pay as much as possible to reduce interest charges.

(iii) In certain circumstances debtors are to be permitted to make token payments or to have a repayment schedule deferred for a time. (See section 2, Paragraph 2.B and section 2 Paragraph 7). Debtors making token payments will be advised, by the collector, of the daily rate at which interest accrues.

E. Credit Rating

The credit rating of a debtor with a Canada Student Loan shall not be adversely affected for the reason that he/she is indebted to the Crown under the provisions of the Canada Student Loans Act. The Contractor shall ensure that all information received from SAD or from other sources respecting a C.S.L. debtor is retained on file as confidential and not released to any third party other than SAD.

12. CONTACT WITH THIRD PARTIES

Information regarding a debtor must not be released to any third party other than SAD. If in the course of a trace, an informed third party freely offers to make payments on account of the CSL debt, this offer may be accepted only if the Contractor has written authorization from the debtor to do so. Third parties who offer to pay, but do not do so must not be pursued or harassed in any way. THE CONTRACTOR IS NOT PERMITTED TO ACCEPT OFFERS TO SETTLE DEBTS FOR LESS THAN THE FULL AMOUNT FROM THE DEBTOR OR ANY THIRD PARTY WITHOUT REFERENCE TO AND SPECIFIC APPROVAL OF SAD (Refer to section 2, paragraph 3: offers to settle for less than the full amount owing and cheques intended as full payment). Any Contractor or its representative accepting such an offer without prior SAD approval shall be required to reimburse any remaining balance due on the account to SAD.

13. UNSATISFACTORY CONDUCT OF COLLECTORS

If the debtor refuses to pay the company because of the conduct of the collector, SAD will review the allegations and facts and may withdraw the account without fee where, in the opinion of SAD, such conduct was unsatisfactory. Unsatisfactory conduct may be defined as, but is not restricted to, a deviation from the sections in these Directives respecting Contact with Debtors; Contact with Third Parties; Special Circumstances; Accounts Requiring Special Handling; Provision of Bilingual Service; and Agency Account Activity Record. The following examples of conduct would be considered unsatisfactory:

- harassment of debtor or family;
- refusing to arrange monthly repayment schedule;
- threatening legal action, garnishment, etc.;
- accepting an offer to settle for less than the full amount without the prior approval of SAD;
- demanding debtor obtain a bank loan to pay loan in full when this alternative is more expensive;
- failure to inform a qualifying debtor of the Interest Relief Program or of the special provisions for the permanently disabled.

14. INFORMATION RECEIVED AT SAD

All information which SAD receives directly from sources other than the Contractor in respect of an account, after that account has been transmitted to the company, will be sent to the Coordinator. The latter will ensure that such information is passed without delay to the office handling the account. The Contractor must immediately take into account such information in dealing with the debtor concerned.

15. CALCULATION OF INTEREST

The Contractor is responsible for the correct calculation of interest due. The Contractor will be liable for payment of any shortage resulting from errors in calculations. Debtors should be advised that all payments applied to their account are subject to audit by S.A.D. and that, should a balance remain, additional payment(s) will be sought from the debtor. (See Page 17, Paragraph 4.)

16. FOREIGN EXCHANGE

Payments made in foreign funds must be converted to Canadian funds ON APPLICATION TO AN ACCOUNT (date cheque is received). The exchange rate to be used shall be the Bank of Canada rate in effect on the date of application to the account.

17. OFFICIAL SAD RECEIPTS

Official receipts will be issued by SAD to the company on a semi-monthly basis. These receipts will outline each payment applied to the debtor's account and the remaining liability. (See Annex G). The company is responsible for forwarding receipts to debtors as soon as received from S.A.D. If receipts are mailed, the envelopes must bear a return address which would cause return mail, to be directed, at minimum, to a Post Office Box. The receipts should not be mailed by the collector handling the account.

18. GRANT REMISSION & INTEREST RELIEF ADJUSTMENT

Certain provinces remit a portion of a debtor's Canada Student Loan and forward the remission cheque to SAD. SAD will deposit the cheque and adjust the debtor's liability on the C.S.L. computer file. The debtor's liability will also be adjusted by SAD when the debtor qualifies for Interest Relief (Refer to Page 20, Paragraph 7.A). The coordinator will be notified of the new liability and the Contractor must adjust its records accordingly. No commission is to be charged by the Contractor on any such transaction.

19. COMPUTER INPUT

The Contractor must have the computer capability to provide for storage and transmission from a control service, as follows:

A. the Contractor must be able to transmit and receive data, to be specified in writing by the Student Assistance Directorate, in computer readable format compatible with current state of the art facilities, e.g. tape - 1600 BPI; to be compatible with whatever system SAD is using;

B. the Contractor must verify/edit, store and transmit to SAD on a weekly basis, a minimum of twenty-two (22) data elements of varying field length, with content and format as defined by SAD;

C. the Contractor will accommodate, at its expense, any revisions/adjustments/changes to existing computer system requirements requested by SAD. It is not intended that the Contractor will incur major capital cost acquisitions i.e. hardware. However, changes to format, content and/or storage facilities may be required.

20. RECONCILIATION TAPES

A. The Contractor will provide to SAD, quarterly, or as requested, a computer tape of the inventory of all CSL accounts held by the Contractor. These tapes will list the following for each account: Social Insurance Number, Surname, Given Name(s), principal owing, interest rate, the sum of payments made, branch office holding the account, and status of the account. The Contractor will ensure that the information contained on the inventory tapes accurately reflects the information held by the branch office, and that this information does not differ from that held by the Contractor's head office. The Contractor must also ensure that the information on the inventory tape accurately reflects the information provided on their weekly remittance tape.

B. SAD will reconcile the information on the Contractor's tape to SAD records.

C. The Contractor will investigate all discrepancies uncovered and will make corrections as required, and within time frames specified by SAD.

D. The Contractor will provide a full report to SAD on actions taken.

21. COMMISSIONS AND WITHDRAWAL FEES

For all amounts collected by the Contractor and remitted to the SAD, SAD shall pay the Contractor a commission at the rate defined in the Master Standing Offer.

For accounts closed by SAD for causes outside the control of the Contractor, subject to paragraph 8, page 26, of these directives, SAD shall pay to the Contractor a fee in the amount of five percent (5%) of the balance of the debt at the time of closing of the account, with the provision that such fee shall be neither less than $15.00 nor more than $100.00.

22. PERFORMANCE

The performance of the Contractor in the collection of C.S.L. accounts will be measured by SAD. SAD reserves the right to cease to transmit accounts and, if deemed appropriate, to terminate the handling of C.S.L. accounts by the Contractor, if the Contractor's performance is not considered by SAD to be adequate.

Cases in which performance may be considered inadequate include but are not restricted to the following circumstances:

A. if the Contractor does not meet the specifications set forth in these directives and the Master Standing Offer;

B. if the Contractor's collection rate is more than 2% below the national average for Canada Student Loans collection for accounts placed against the Master Standing Offer;

C. if the rate of corrections required as a result of the reconciliation process is consistently found to be in excess of the average of that of Contractors engaged pursuant to the Master Standing Offer in the collection of Canada Student Loans.

23. SUB-CONTRACTING

It is understood that any accounts placed with one company, or group of companies in a joint agreement, may not be transferred, assigned or sublet to another company without the prior approval of SAD.

24. HANDLING OF ACCOUNTS AFTER EXPIRY OF MASTER AGREEMENT

The current call up for the services of a collection agency for the purpose of accepting files for collection will be during the period October 1, 1988 to March 31, 1989, with the period of collection for accounts received to cease by September 30, 1989 at which time appropriate arrangements for file transfers may be effected.

SECTION 2

STUDENT ASSISTANCE DIRECTORATE
COLLECTION OF DELINQUENT ACCOUNTS
DETAILED COLLECTION PROCEDURES

1. TRANSMITTAL OF ACCOUNTS

A. Canada Student Loan Accounts will be picked up from SAD by the Coordinator once a week on a day mutually agreed to by SAD and the Coordinator.

B. The accounts are transmitted on a Schedule 6 (Annex E) which shows the principal outstanding, the debtor's liability and all pertinent information for collection purposes. Information on this form is confidential and is not to be disclosed to anyone other than the incumbent of a position designated to handle SAD accounts and the debtor.

C. A list of all accounts transmitted accompanies the Schedules 6. This list serves as acknowledgement of receipt of the accounts transmitted and must be returned, signed and dated by the coordinator, within 48 hours of pickup.

D. A C.S.L.P. Collection Office Advice form C3/2 (Annex F-1), must be completed and returned for each account. The purpose of these forms is to advise SAD of the office of the Contractor to which the account is sent. The form must be returned to SAD within 7 days from the transmittal date.

Note: A computer print-out outlining the above information will be acceptable in a format agreed to by SAD.

2. REPAYMENT ARRANGEMENTS

A. There are three levels of acceptable repayment arrangements that can be made with a cooperative debtor:

(i) when the debtor's financial circumstances permit, payment in full; or

(ii) payments on a regular basis in accordance with the debtor's financial situation as supported by a statement of the debtor's financial status (Annex B); or

(iii) if the debtor will not provide a financial statement, payments must not be less than those noted in the following table.

PRINCIPAL AMOUNT OF DEBT	MINIMUM MONTHLY PAYMENT
$ 0 - $ 1,500	$ 50.00
$ 1,501 - $ 3,000	$ 80.00
$ 3,001 - $ 4,500	$ 100.00
$ 4,501 - $ 6,000	$ 115.00
$ 6,001 - $ 7,500	$ 130.00
$ 7,501 - $ 10,000	$ 160.00
$ 10,001 - $ 12,500	$ 185.00
$ 12,501 - $ 15,000	$ 215.00
$ over 15,000	$ 245.00

B. Debtors must be informed that installment arrangements must be reviewed on a regular basis (at least every 6 months) with an effort to increase the repayment amount. Token payments should be accepted on a temporary basis where the debtor's situation is such that token payments demonstrate good faith.

C. Debtors must be informed by the Contractor in writing, at the time installment arrangements are made, of the number of years in which the loan would be fully retired, given the current installment arrangement.

3. OFFERS TO SETTLE FOR LESS THAN THE FULL AMOUNT OWING AND CHEQUES INTENDED AS FULL PAYMENT

A. Offers to Settle For Less Than The Full Amount Owing

Settlements for less than the full amount owing may be considered by SAD provided that the Secretary of State or its agents have clearly established that: the debt cannot be repaid in full without creating severe economic hardship for the borrower; there is little likelihood that the borrower's financial situation will substantially improve in the foreseeable future and, litigation will not likely result in a better return on the outstanding debt. A recent statement of family income, expenses, assets, and liabilities, must be submitted in the prescribed format (Annex B) whenever a settlement is proposed by the debtor.

Settlements for less than the amount owing and received from third parties, must be accompanied by a note from the debtor giving the third party the authority to discuss the CSL account with SAD and/or company staff.

Offers to settle for less than the full amount are to be referred to SAD in writing for review. All circumstances pertaining to the debtor and any information which may assist in the decision of acceptance or refusal of the offer should also be remitted to SAD. Decisions will be made in conjunction with SAD legal services. THE CONTRACTOR IS NOT PERMITTED TO ACCEPT OFFERS TO SETTLE FOR LESS THAN THE FULL AMOUNT OF THE DEBT FROM THE DEBTOR OR ANY THIRD PARTY WITHOUT REFERENCE TO, AND SPECIFIC APPROVAL OF, SAD. Any office accepting an offer to settle for less than the full amount, without prior SAD approval shall be required to reimburse any remaining balance due on the account to SAD.

B. Cheques Intended As Full Payment

(i) Occasionally a debtor may mark a cheque as "Paid in full" or otherwise indicate, when making a payment, that it is intended as payment in full. If the payment does not constitute full payment, the Contractor must immediately send a written notice to the debtor advising him/her that the cheque is accepted as payment on account only and not as full payment of the debt. The written notice should also advise the debtor of the balance outstanding after application of the payment. The Contractor must note on the back of the cheque that this payment is being accepted on account only, and indicate the balance outstanding. These two requirements must be met prior to the date of negotiation of the cheque, and photocopies of both sides of the cheque and the notice and must be maintained on the debtor's file.

(ii) Where the debtor has made an offer to settle for less than the full amount owing and has included a cheque from a third party as payment, and such cheque is intended as full payment: the Contractor must immediately send a written notice to the debtor advising him/her that the cheque is accepted as payment on account only and not as full payment of the debt. The written notice should also advise the debtor of the balance outstanding after the application of the payment. The Contractor must note on the back of the cheque that this payment is being accepted on account only, and indicate the balance outstanding. These two requirements must be met prior to the date of negotiation of the cheque, and photocopies of both sides of the cheque and the notice must be maintained on the debtor's file.

(iii) Where a THIRD PARTY has made an offer to settle for less than the full amount owing, DOES NOT have written authorization from the debtor to negotiate on his/her behalf, and has included a cheque indicating the acceptance of the payment will constitute a payment in full, the Contractor

must not under any circumstances negotiate the cheque. The Contractor will first endeavour to obtain from the debtor a letter authorizing the third party to negotiate on his behalf. Should this authorization not be forthcoming, the Contractor will return the cheque to the third party.

(iv) Where a THIRD PARTY has made an offer to settle for less than the full amount owing, has included a cheque indicating the acceptance of the payment will constitute payment in full, and the Contractor has a letter from the debtor authorizing the third party to negotiate with SAD on his behalf, the Contractor will proceed as follows. The Contractor will immediately send a written notice to the debtor and third party advising them that the cheque is accepted as payment on account only and not as full payment of the debt. The written notices should also advise the recipients of the balance outstanding after the application of the payment. The Contractor, must note on the back of the cheque that this payment is being accepted on account only, and indicate the balance outstanding. These two requirements must be met prior to the date of negotiation of the cheque, and photocopies of both sides of the cheque and the notices must be maintained on the debtor's file.

(v) **If the Contractor is unclear about the status of the offer, e.g. because of the wording of a covering letter, SAD should be contacted.**

4. COLLECTIONS

A. Calculation of Payments

(i) The Contractor is responsible for the correct calculation of the amount required to pay an account in full. The Contractor will be liable for an outstanding amount when an incorrect payout figure was quoted by the Contractor and an interim paid-in-full receipt was issued.

(ii) The Contractor is responsible for collecting the full amount payable on an account. Collection activity, on a regular basis, must be continued regardless of the amount outstanding. Where a Contractor cannot demonstrate a reasonable effort to trace debtors and/or collect balances, the Contractor will be responsible for the amount outstanding.

(iii) Simple and not compound interest is to be charged on C.S.L. accounts. The Contractor must update interest calculations on a daily basis and have the capability of allocating the appropriate portion of each payment to principal and interest. The Schedule 6 (Annex E) gives the principal amount owing, the interest rate to be charged, and the date from which interest is owing. Payments made

to the debtor's account shall first be applied to outstanding interest and then to outstanding principal.

(iv) Payments made in foreign funds must be converted to Canadian funds ON APPLICATION TO AN ACCOUNT.

(v) It is the Contractor's responsibility to investigate all apparent discrepancies and errors in the recording of transactions on accounts. Once the existence of an error has been confirmed by the Contractor, it is the Contractor's responsibility to advise SAD of the existence of that error.

B. Refunds of Overpayments

In cases where SAD records or Contractor records indicate that a debtor has overpaid his account, the Contractor is responsible for investigating the apparent overpayment to confirm its validity. Once the overpayment has been confirmed, the Contractor will immediately issue a refund to the debtor and debit the weekly remittance tape.

In the case where the Contractor has issued a refund cheque and the cheque is returned by the post office as undeliverable, the Contractor will forward the following to SAD: a copy of the voided cheque; the envelope in which the cheque was mailed to the debtor; and a cheque payable to the Receiver General for the amount of the refund due. The Receiver General will hold the funds in trust for the individual. All remittances on account of refunds due must be remitted to SAD, separately from the normal weekly remittance of the Contractor. Under no circumstances is the latter transaction to be reflected on the Contractor's weekly remittance tape.

C. Contractor Interim Receipts

The Contractor must provide, at the request of the debtor, an interim receipt for any payments made by way of cheque. In all cases where payments are made in cash, or by money order, the Contractor will issue interim receipts, whether such receipts are requested or not. The receipt must show the name and address of the Contractor, the name of the person making the payment, the amount of the payment, the debtor's social insurance number, the account to which the payment applies, and indicate that the payment(s) are subject to audit and will be reflected on their next receipt from SAD.

D. Remittance to SAD

(i) The full amount of all CSL account transactions must be reported to the Contractor's head office not more than 72 hours after receipt. This includes any payment which is later reversed for reason of "not sufficient funds", account closed, etc. Any reversing debit must be in the same amount as, and bear the same application date as, the initial credit to which it corresponds.

(ii) The Contractor's head office will remit weekly the gross amount of collections to SAD by cheque in favour of the Receiver General for Canada. A weekly printed statement (Annex J) and a computer tape in a format compatible with SAD's computer system must accompany the cheque. (Annex K lists the most current specifications, however, this is subject to change with reasonable written notice to the Contractor.) Statement and tape are to be received at SAD no later than the dates specified by SAD.

(iii) The computer tape will bear two external labels. The first label identifies the number of records, the total dollar volume, the period ending date, and the date of the corresponding statement of account. The second label is that which is currently specified by the Informatics Directorate of the Department of the Secretary of State and identifies the tape serial number.

The statement of account which accompanies the computer tape will bear the volume serial number of the corresponding tape.

The Contractor is expected to ensure that tapes and statements which are submitted for processing contain the information described on the external labels and that corresponding tapes and statements balance.

(iv) SAD will issue a cheque to the Contractor for fees in accordance with the Master Standing Offer.

5. ACCOUNT ADJUSTMENTS

The Contractor will be informed of approved periods of Interest Relief or Remissions on Full and Part-Time C.S.L. accounts. Adjustments should be made to the debtor's account reflecting these periods. No fee or commission will be paid to the Contractor for such adjustments. (See Section 1, Paragraph 18).

Adjustments requested by SAD (i.e. Contractor responsible for remaining balance due on account) will be included in the Contractor statement (column "Paid Agency") and computer tape.

Special adjustments between the Contractor and SAD will be included in a monthly reconciliation.

6. TRANSFER OF ACCOUNTS BETWEEN OFFICES

A. When it is learned that a debtor is not in the area where his/her account is held, the file should be immediately transferred to the office nearest the debtor's location. The Contractor will complete and provide a C.S.L.P. Collecting Branch Change form C3/3 (Annex F-2) to SAD within 7 days of such account transfer.

B. Exceptions may be made only if a debtor requests that his/her account not be transferred to his/her new location. The account may then remain with the original office.

C. If a communication from SAD is sent to the original office after an account has been transferred, the change of office code should be written on the communication and it should be forwarded immediately to the new office.

7. SPECIAL CIRCUMSTANCES

A. Overview of the Interest Relief Plan

The SAD will forgive interest on full and part-time Canada Student Loans on behalf of debtors who are experiencing financial hardship due to unemployment caused by either the inability to find work or a temporary disability or illness. This can be granted for various periods of time not exceeding a total of 18 months. To be eligible for Interest Relief, a debtor must:

- be a resident of Canada;
- and be unemployed. In most cases, a debtor will be considered to be unemployed if in the four weeks immediately prior to application, the debtor had worked less than 80 hours;

and is actively seeking employment;
and is available for work;
OR is incapable of working because of a temporary disability or illness;
and has not already exhausted Interest Relief eligibility.

Other cases in which the debtor is unavailable for work because of special circumstances will also be considered.

In all cases the debtor must have a family income such that the repayment of the CSL could cause hardship. A table is printed in the Interest Relief brochure, copies of which will be provided to Contractor offices along with the Application for Interest Relief Relief form. (Annex M).

B. Obligations of Contractor

(i) Interest Relief Applications must be offered to all debtors who may qualify under the Interest Relief Plan.

(ii) The debtor completes Section 1 of Form 8 and provides parts 1 to 4 to the Contractor. The Contractor then completes Section III, returns part 4 and retains part 3 in the file. Parts 1 and 2 are forwarded to the Coordinator for submission to SAD.

(iii) The Contractor shall suspend any further collection activity pending notification of acceptance/rejection from S.A.D.

(iv) SAD will provide the Contractor's office, through the Coordinator, with copies of all advices sent to the debtor regarding his/her application for Interest Relief. Such advices will include whether the application was rejected or accepted and, if accepted, of the period for which interest relief is approved.

(v) If the debtor has been approved for Interest Relief, collection activity must cease until expiration of the Interest Relief period(s) although payments may be accepted. The Contractor must amend its records to reflect periods of approved Interest Relief.

(vi) If Interest Relief is refused then normal collection practices should be resumed.

C. Full-Time Student

(i) Upon initial contact, debtors may be advised that, under certain circumstances they may be eligible for reinstatement as full-time students under the Program. They must outline their circumstances in a letter forwarded to the following address:

Canada Student Loans Program
Student Assistance Directorate
P.O. Box 2090
Postal Station D
Ottawa, Ontario
K1P 6C6

An example would be where a student continued his/her studies but defaulted owing to difficulties with timely completion of Canada Student Loan forms. Debtors must be informed that interest continues to accrue on the loan during the period prior to reinstatement.

(ii) If the debtor is enrolled in full-time education and not eligible for reinstatement and may be eligible for Interest Relief, he/she should be provided with an Interest Relief Application. (Annex M)

(iii) If the debtor is not eligible for Interest Relief the debtor must provide proof of full-time enrolment which includes the course completion date. The debtor must be told to advise the agency of any early withdrawal from the course. Collection action should be suspended during the time of enrolment but the designated collector must make contact with the debtor during the month prior to the end of the course to arrange for repayment.

(iv) If the debtor is enrolled in full-time education, nominal payments, when possible, to at least keep the interest current, should be requested. SAD should be informed of the details in writing.

D. Part-Time Student

If the debtor is a part-time student, ability to pay should be determined by a financial statement (Annex B). When a debtor is not able to pay and is unemployed and looking for a job of 20 hours per week and over, the Contractor should provide the debtor with an Interest Relief Application. (See Page 20, Paragraph 7.A)

E. Unemployment

All debtors should be advised of the Interest Relief Plan

If the debtor is unemployed, on welfare or financially unable to make payments, and has exhausted his/her 18 months of Interest Relief, the situation should be discussed fully between the debtor and the collector and the debtor should be required to provide proof of his/her situation. THE DEBTOR SHOULD NOT BE HARASSED OR THREATENED BY OVER-FREQUENT CONTACTS.

The case should be reviewed (at least every 3 months) preferably by requesting that the debtor contact the branch so that the office need contact the debtor only when he/she fails to do so. As soon as employment is obtained or financial position permits, the normal procedure (See Section 2, Paragraph 2,) should be followed. **The Contractor must insure that SAD is informed of the debtor's situation in writing.**

F. Medical Circumstances: Temporary/Permanent Disability

(i) Temporary Disability/Illness:

If the debtor is suffering from a temporary disability, he/she should provide a statement from his/her doctor outlining the information included on SAD medical form.

If the doctor's statement indicates that recovery is likely, the debtor should be provided with an Interest Relief Application form for submission to SAD WITH THE DOCTOR'S STATEMENT ATTACHED. (Refer to Page 20, Paragraph 7.A)

(ii) Permanent Disability/Illness:

If the debtor is suffering from a permanent disability, he/she should formally request in writing consideration that the debt be retired under the provisions for the permanently disabled in the CSL Act. His/her letter must outline his/her present circumstances and have attached:

1. The SAD medical form duly completed by his/her physician (Annex L-1).

2. A copy of a release provided to his/her physician allowing him/her to discuss the debtor's medical history with SAD personnel (Annex L-2).

3. A completed statement of the borrower's family income, expenses, assets and liabilities, in the prescribed format (Annex B).

G. Incarceration

If debtor is in prison and is unable to pay, the Contractor should request a statement from the prison authorities regarding the length of sentence and likely release and parole date. If the likely release and parole date is within 24 months, the account should be diarized to the proposed date, and contact made with the debtor on release. SAD should be informed of the details in writing.

If the time period to expected release and parole date is in excess of 24 months, the Contractor should inform SAD in writing and provide information from prison authorities and any comments. Account is placed in a hold status pending instructions from SAD.

H. Bankruptcy

(i) Bankruptcy - Canadian

If the debtor has filed an assignment in Bankruptcy, the Contractor should request documents from the trustee. These documents, upon receipt, must be forwarded to SAD immediately with pertinent details. Accounts will be withdrawn from the Contractor without a fee.

NOTE Under no circumstances should the Contractor complete the Proof of Claim.

(ii) Bankruptcy - Foreign

SAD does not recognize U.S. bankruptcy assignments. The Contractor should diarize the file and check regularly if the debtor has returned to Canada and if so, resume regular collection. The Contractor should inform SAD of the debtor's situation in writing.

(iii) Orderly Payment of Debts (OPD)

If the debtor has made a proposal under the Orderly Payment of Debts provision of Part 10 of the Bankruptcy Act, the Contractor should request the documents from the Court. These documents should be forwarded to SAD immediately and particulars should be outlined by the Contractor in writing.

I. Death

When informed of the death of the debtor the Contractor should obtain proof of death. The person responsible for the estate of the borrower should be informed of the debt and requested to provide a death certificate or other reasonable evidence of presumption of death, (such as Funeral Director's Certificate, Coroner's report).

NOTE A newspaper article or an obituary notice in a Newspaper is not sufficient evidence.

Proof of death should be forwarded to SAD as soon as received with details provided as required.

The account will be withdrawn from Contractor without a fee.

J. REFERRAL FOR LEGAL ACTION

(i) Requirements

If the debtor is uncooperative, the Contractor must advise the debtor that it is left with no option but to return the account to the government and that, if this is done, the government may refer the account for legal action. Such a decision will only be taken after a review of all relevant factors: social, financial and legal.

If the debtor is working and in a position to pay but refuses, the Contractor must have attempted to establish a repayment plan for at least 18 months before returning the account to the Program. The history of the account should be documented.

Accounts may be returned "Refuses to Pay" provided that the Contractor has established that:

- the debtor is not permanently disabled, indigent, or a public servant subject to FAA;
- the debtor and/or spouse is gainfully employed and in a position to repay the debt, or the Contractor can demonstrate that repeated attempts (minimum 18 months) to determine the debtor's family financial/employment status have failed;
- for the six months prior to the return of the account, the debtor has not made payments on the account or made an offer of scheduled repayments of less than $50 per month.

For each account returned "Refuses to Pay", the following information MUST be forwarded to SAD:

- the Contractor's complete file, including a hard copy of any information stored electronically;

  latest confirmed complete address of the debtor including postal code and telephone number;

- employment situation of the debtor including the name and address of his/her employer;

- brief statement on the debtor's attitude and/or reasons for non-cooperation;

- statement of number of occasions contacted and means of contact (telephone, mail or in person);

- other information which may be useful for litigation.

(ii) Hold Status

NOTE: On receipt of initial referral, SAD will issue a letter to the debtor requesting him/her to indicate his/her intention regarding the outstanding debt.

The Contractor will place the account on hold status until instructions are received from SAD.

(iii) Cooperation Obtained or Payments Received While Account in HOLD STATUS

1. In some situations the Contractor may receive the debtor's cooperation immediately after making a referral for Legal Action. The Contractor must immediately contact the Coordinator who in turn will contact SAD to cancel this referral for Legal Action. When cancellation is confirmed, process payments in usual manner.

2. Payments received on account more than 30 days after the referral is made should be held in abeyance and not processed until instructions are received from SAD or account is closed. If the account is returned to the Contractor, the payments should be processed as of the original date they were received by the Contractor. If the account is closed these payments should be forwarded to the Coordinator who in turn will forward them to SAD immediately, endorsed if necessary.

(iv) Second Referral

If arrangements for payment made subsequent to receipt of debtor's signed letter from SAD are not kept, a second referral for legal action with the above information should be made. The account will be immediately withdrawn from the Contractor and forwarded for appropriate legal action.

NOTE: Only one letter from SAD is sent to a debtor. All second referrals (in cases where first referral resulted in obtaining the debtor's cooperation) are withdrawn for immediate legal action.

(v) Payments received after account is closed

If Payments are received after account is closed, the Contractor should contact the Coordinator to obtain instructions from SAD.

8. CLOSING ACCOUNTS

No account should be considered closed until a closure notice is received from SAD. (Annex I)

SAD may close accounts at any time and the closure fee will be calculated as noted in 8.B below.

A. After receipt of a closure notice or after the date on which the Contractor recommends to SAD closure of an account, no further collection action or contact with the debtor is to be made by the Contractor without prior clearance from SAD.

B. Withdrawal fee is paid only when the account is closed for:

- set-off procedures instituted by S.A.D. (F.A.A.)
- legal action;
- in special circumstances at SAD discretion (ie: Return to Bank)

C. No Withdrawal fee is paid where accounts are withdrawn for the following reasons:

- debtor is deceased;
- debtor is permanently ill or totally disabled;
- debtor has filed an assignment in Bankruptcy;
- Contractor cannot locate debtor;
- unsatisfactory handling of account by Contractor;
- account has been with the Contractor for over 18 months without payment, cooperation or acknowledgement from the debtor;
- account has been with the Contractor for less than 30 days;
- account has become Statute-Barred;
- payment in full received prior to transmittal date;
- balance remaining on an account after a debtor has paid an approved compromise settlement;
- debtor requests account be forwarded to collector handling his/her spouses account;
- Contractor performance has not met the terms set out in these Directives or the Master Standing Offer.
- termination of contract.

SECTION 3

REPORTS AND CONTROLS

1. Computer-Related

A. White C-7 (Annex H-1) (temporarily suspended)

These reports are computer-generated semi-monthly by SAD and forwarded to the Coordinator for accounts upon which no activity has been reported to SAD for 6 months. These reports are to be completed by the office to which the account has been assigned and returned immediately to the Coordinator for review and transmitted to SAD promptly. (Also refer to Page 20, Paragraph 6.C for transfers) These reports should be returned to SAD within 6 weeks of issue.

B. Orange C-7 (Annex H-2)

These report forms are to be completed by the office handling the account only for cases where the circumstances are considered urgent. (Refer to Pages 22, 23, 24, 25 and 26, Paragraphs, 7.F, 7.G, 7.H.i, 7.H.iii, 7.I, 7.J, Illness, Prison, Bankruptcy, Death, Justice Referrals.) They are to be sent to the Coordinator for assessment and submission to SAD. Pads of Orange C-7 forms are supplied by SAD to offices.

C. C7 Non-Return List (temporarily suspended)

Lists accounts upon which a White C-7 form has been sent to the Coordinator but has not been returned to SAD within two months. These lists are computer generated semi-monthly by SAD and forwarded to the Coordinator with a covering letter specifying the way in which the company should reply.

D. C-7 List (temporarily suspended)

Summary of all computer generated (white) C-7's issued each week. This list is computer generated semi-weekly and forwarded to the collectors with the C-7's.

E. Two Year List (temporarily suspended)

This list contains accounts listed by office which were passed to company more than two years earlier but on which no activity has been reported. This list is computer generated quarterly by SAD and sent to the Co-ordinator. SAD reserves the right to withdraw such accounts without withdrawal fee at its discretion. The Contractor will report on an orange C7 (Annex H-2) giving a full explanation of the circumstances within 30 days of receipt of list. (Refer to Section 2, Paragraph 8, Closing Accounts.)

F. Follow-up List (temporarily suspended)

This list records those accounts upon which, on two succeeding C7 status reports, the same box has been checked. In these circumstances, SAD will request a special report on each case. The Contractor will report on an orange C7 (Annex H-2) giving a full explanation of the circumstances.

G. Interest Relief Program Lender/Agency Copies of Refusals/Rejections

Copies of refusal letter for accounts where applications for Interest Relief were refused or rejected by SAD.

H. Interest Relief Program Lender/Agency Copies of Approvals

List of accounts approved by SAD for Interest Relief Periods.

I. Credit Balance List

This list contains accounts which, according to SAD records, have been overpaid by debtor and upon which it appears a refund has not been made to the debtor.

Refunds made to the debtor will be included in the Contractor statement (column "Paid Agency") and computer tape. Refunds should be issued on the first statement after computer receipt is received and the Contractor has confirmed that the cheque was honoured.

2. Other Reports

A. Complaints

SAD will request, through the coordinator, written reports on complaints received at SAD. These reports are urgent and should be provided to SAD in the manner requested. (See Page 7, Paragraph 9.B(ii)).

B. Other Special Requests

Other reports required will be requested through the Coordinator and must be provided in the manner prescribed.

C. Reconciliations

Accounts will be reconciled quarterly to verify the inventory of files. Contractors will be asked to provide an inventory listing on computer tape of all C.S.L. accounts held. This listing will be compared to C.S.L. files and the Contractor will investigate all discrepancies and make corrections to their inventory. The Contractor will provide a full report to SAD.

3. Agency Activity Reports

These reports will be submitted to SAD on a monthly basis. Reports are required by branch offices and in total. SAD may alter the format and frequency of these reports. Content and format will be finalized with each agency. Examples are included in Annex N1 and N2, however SAD will approve the format to be used following discussions with each agency.

ANNEX A

AGENCY LETTERHEAD

PERSONAL & CONFIDENTIAL

THE REGISTRAR

NAME:
DATE OF BIRTH :
SOCIAL INSURANCE # :
ACADEMIC YEAR END :

DEAR REGISTRAR:

We are the agents for the Secretary of State, Government of Canada.

For the purposes of locating the above-mentioned former student, we would appreciate your assistance in providing us with the following:

1. Permanent address while in attendance.
2. Next of Kin (Parent or Guardian) and address.
3. Any previous addresses available or any other information which may be of assistance.
4. Department or Faculty registered with.

Thanking you in advance for your assistance.

Yours truly,

Canada Student Loan Division

CANADA STUDENT LOANS/STUDENT ASSISTANCE

Provincial Contacts

ALBERTA

Mr. Fred Hemingway
Chief Executive Officer
Alberta Students Finance Board
10025 - 106 Street
11th Floor Baker Centre
Edmonton, Alberta
T5J 1G4

(403) 427-5557

BRITISH COLUMBIA / COLOMBIE-BRITANNIQUE

Mrs. Mary Browning
Acting Director
Student Services Branch
Ministry of Advanced Education
and Job Training
823 Broughton Street
Victoria, B.C.
V8V 1X4

(604) 387-6127

MANITOBA

Ms. Carol Sigurdson
Director
Student Aid Branch
Department of Education
P.O. Box 6
693 Taylor Avenue
Winnipeg, Manitoba
R3M 3T9

(204) 945-8729

NEW BRUNSWICK / NOUVEAU-BRUNSWICK

Mr. David Belmore
Acting/Director of Student Aid
Department of Income Assistance
P.O. Box 6000
130 Carlton Street
Fredericton, New Brunswick
E3B 5H1

(506) 453-2713

NEWFOUNDLAND / TERRE-NEUVE

Mr. Norm Snelgrove
Director of Student Aid
Department of Career Development
and Advanced Studies
Thomson Student Centre
Memorial University
St. John's, Newfoundland
A1C 5S7

(709) 576-2688

NORTHWEST TERRITORIES / TERRITOIRES DU NORD-OUEST

Mr. Derek Aindow
Director of Certification and
Student Assistance
Department of Advanced Education
Lahmridge Tower
Government of Northwest Territories
Yellowknife, N.W.T.
X1A 2L9

(403) 873-7395
TELEX: 034 45528

NOVA SCOTIA / NOUVELLE-ÉCOSSE

Ms. Elizabeth Ann Macdonald
Director of Student Aid
Nova Scotia Department of
Advanced Education and Job Training
2021 Brunswick Street, Suite 409
P.O. Box 2290, Station 'M'
Halifax, Nova Scotia
B3J 3C8

(902) 424-8433

ONTARIO

Mr. F. Richard Kleiman
Director
Student Awards Branch
Ministry of Colleges and Universities
8th Floor, Mowat Block
900 Bay Street
Toronto, Ontario
M7A 2B4

(416) 965-7191

PRINCE EDWARD ISLAND / ÎLE-DU-PRINCE-ÉDOUARD

Mr. David McPherson
Student Aid Administrator
Department of Education
Shaw Building, 4th Floor
95 Rochford Street
P.O. Box 2000
Charlottetown, Prince Edward Island
C1A 7N8

(902) 368-4603

QUÉBEC

M. Michel Bisson
Directeur des politiques et programmes
Direction générale de l'aide
financière aux étudiants
Ministère de l'Enseignement supérieur
et de la Science
1033, rue de la Chevrotière
Édifice 'G', 22e étage
Québec, Qc

(418) 643-3070

SASKATCHEWAN

Ms. Deborah Achen
Director
Grant Programs Branch
Saskatchewan Education
1855 Victoria Avenue, 5th Floor
Regina, Saskatchewan
S4P 3V5

(306) 787-0106

YUKON

Ms. Lois Hawkins
Director, Program Research and Planning
Advanced Education Branch
Department of Education
Administration Building, 2nd Avenue
P.O. Box 2703
Whitehorse, Yukon Territory
Y1A 2C6

(403) 667-5142

ANNEX B
Revised November 2, 1988

CANADA STUDENT LOANS PROGRAM

STATEMENT OF NET MONTHLY INCOME AND EXPENSES.

Name: ..... S.I.N. .....

Number In Family (include spouse) .....

MONTHLY INCOME:

	Applicant	+ Spouse	= TOTAL (Based on a 12 month average)
Gross Earnings.....	$	+ $	= $
Net Earnings (add amounts diverted at source for savings or payment of a debt).....	$	+ $	= $
U.I.C./Welfare (attach documentation).	$	+ $	= $
Family Allowance.....	$	+ $	= $
Alimony or support received.....	$	+ $	= $
Disability Income:(C.P.P./ Q.P.P., Insurance, Provincial Assistance, and Worker's Compensation, Private Pension Plan, specify_____).....	$	+ $	= $
Other (specify_____).....	$	$	= $
TOTAL MONTHLY INCOME.....	$	+ $	= $

EXPENSES (AVERAGE PER MONTH):

Shelter

Rent.....	$
Mortgage (Principal, Interest, Taxes).....	$
Electricity/Heat/Water.....	$
Telephone/Cable.....	$
Home Insurance.....	$

Other Living Expenses

Food.....	$
Clothing.....	$
Medical/Dental.....	$
Insurance (personal).....	$
Child Care.....	$

Transportation

Public Transport.....	$
Car - Operation and upkeep.....	$
- Insurance.....	$
- Loan.....	$

Other

Alimony or support paid.....	$
Entertainment.....	$
Miscellaneous (explain if more than $75/month.....	$
TOTAL MONTHLY EXPENSES:.....	$

CANADA STUDENT LOANS PROGRAM

STATEMENT OF ASSETS AND LIABILITIES

AS OF: .....

ASSETS:

Balance in all savings and chequing accounts.....$_____
Estimated value of real estate holdings.....$_____
Cash value of stocks, bonds, RRSP, etc.....$_____
Car (#1 model _____, year ____) Estimated value.....$_____
(#2 model _____, year ____) Estimated value.....$_____
Other (specify).....$_____

LIABILITIES:

Mortgage (balance of principal).....$_____
Car loan (balance of principal).....$_____
Other debts (specify i.e. Visa, MasterCard, Bank loan, credit cards, etc) balance owing
_____.....$_____
_____.....$_____
_____.....$_____

Please provide any additional information which you feel should be taken into consideration on separate sheets.

I hereby swear that the foregoing information is correct.

....
Signature Date

THE CANADA STUDENT LOAN ACT PROVIDES FOR A FINE OF UP TO $1,000.00 FOR ANY PERSON CONVICTED OF PROVIDING FALSE OR MISLEADING INFORMATION. FRAUDULENT MISREPRESENTATION CAN ALSO RESULT IN PROSECUTION UNDER THE CRIMINAL CODE OF CANADA.

CONFIDENTIALITY OF THE ABOVE INFORMATION IS GUARANTEED BY THE PRIVACY ACT.

ANNEX C

CONTRACTOR'S NAME

Received from _____ Account No. _____

PAYMENT ON ACCOUNT WITH CANADA STUDENT LOANS PROGRAM

AMOUNT PAID	DAY	MONTH	YEAR	RECEIVED BY:—
$				

☐ CASH ☐ MONEY ORDER
☐ CHEQUE ☐ OTHER

BRANCH

[illegible]

ANNEX D

COMPANY NAME:
ADDRESS:
TEL. NO.:

DATE:

DEBTOR: Name: _____
Address: _____
_____

CREDITOR: Canada Student Loans

AMOUNT OWED: Principal: $_____
Interest at _____%
From: _____

This letter is to inform you that we are acting under contract to the Secretary of State for the collection of Canada Student Loans.

Your defaulted loan has been placed with us for collection. It is payable in full.

If you do not have the financial means with which to repay your entire debt at once, you may make regular installment payments. Please telephone us at the number listed above to arrange a meeting to discuss payments appropriate to your financial situation. If you are unable to come to our office please set out your financial circumstances in a letter to us indicating your income, expenses and how much you are able to pay. You may use the attached form if you wish.

It is important that you contact this office immediately in order to arrange prompt repayment of your debt.

Yours sincerely,

_____
Signature Block

YOU MAY COMMUNICATE WITH US IN EITHER OFFICIAL LANGUAGE

VOUS POUVEZ COMMUNIQUER AVEC NOUS DANS LA LANGUE OFFICIELLE DE VOTRE CHOIX.

ANNEX D-1

COMPANY NAME:
ADDRESS:
TEL. NO.:

DATE:

DEBTOR: Name: _____
Address: _____
_____

CREDITOR: Canada Student Loans

AMOUNT OWED: Principal: $_____
Interest at _____%
From: _____

URGENT

It has come to our attention that you are employed and we presume that you are in a position to repay your outstanding Canada Student Loan.

We therefore request that you pay your debt in full or contact our office within the next 10 days to arrange a satisfactory repayment program. Should you fail to contact us, we will commence official collection proceedings against you.

Yours sincerely,

_____
Signature Block

YOU MAY COMMUNICATE WITH US IN EITHER OFFICIAL LANGUAGE

VOUS POUVEZ COMMUNIQUER AVEC NOUS DANS LA LANGUE OFFICIELLE DE VOTRE CHOIX

ANNEX D-2

COMPANY NAME:
ADDRESS:
TEL. NO.:

DATE:

DEBTOR: Name: _____
Address: _____
_____

CREDITOR: Canada Student Loans

AMOUNT OWED: Principal: $_____
Interest at _____%
From: _____

Your account regarding your Canada Student Loan has been referred to me by our Collection Department. I understand that you have been given every opportunity to settle this account in an amicable fashion.

Before taking further action, I am extending a final opportunity for settlement. I expect you to pay the account in full or call my office immediately to arrange payment.

Yours sincerely,

_____
Signature Block

YOU MAY COMMUNICATE WITH US IN EITHER OFFICIAL LANGUAGE

VOUS POUVEZ COMMUNIQUER AVEC NOUS DANS LA LANGUE OFFICIELLE DE VOTRE CHOIX

ANNEX D-3

COMPANY NAME:
ADDRESS:
TEL. NO.:

DATE:

DEBTOR: Name: _____
Address: _____
_____

CREDITOR: Canada Student Loans

AMOUNT OWED: Principal: $_____
Interest at _____%
From: _____

All previous attempts to contact you have been ignored. You should realize that failure to cooperate will result in your file being referred to the Secretary of State with recommendation for legal action.

We have placed your file in suspense for 10 days. Further collection action will be taken after that period unless you call us without delay and make arrangements to settle your Canada Student Loan account.

Yours sincerely,

_____
Signature Block

YOU MAY COMMUNICATE WITH US IN EITHER OFFICIAL LANGUAGE

VOUS POUVEZ COMMUNIQUER AVEC NOUS DANS LA LANGUE OFFICIELLE DE VOTRE CHOIX

ANNEX D-4

COMPANY NAME:
ADDRESS:
TEL. NO.:

DATE:

DEBTOR: Name: _____
Address: _____
_____

CREDITOR: Canada Student Loans

AMOUNT OWED: Principal: $_____
Interest at _____%
From: _____

We have received no response from you to our letters regarding your Canada Student Loan account.

You should immediately forward payment by return mail.

If you fail to respond, we will have no alternative but to refer your file back to the Secretary of State with recommendation for legal action.

Yours sincerely,

_____
Signature Block

YOU MAY COMMUNICATE WITH US IN EITHER OFFICIAL LANGUAGE

VOUS POUVEZ COMMUNIQUER AVEC NOUS DANS LA LANGUE OFFICIELLE DE VOTRE CHOIX

ANNEX D-5

COMPANY NAME:
ADDRESS:
TEL. NO.:

DATE:

DEBTOR: Name: _____
Address: _____
_____

CREDITOR: Canada Student Loans

AMOUNT OWED: Principal: $_____
Interest at _____%
From: _____

CANCELLATION NOTICE

This letter is to inform you that we have not yet received the payment due under your repayment agreement.

If you neglect to remit your payment to us by return mail, you will leave yourself open to cancellation of this agreement, which will necessitate immediate payment of the full amount outstanding.

Please realize that further consideration requires that you honour your agreement and make your payments when they are due. Please remit your payment immediately.

Yours sincerely,

_____
Signature Block

YOU MAY COMMUNICATE WITH US IN EITHER OFFICIAL LANGUAGE

VOUS POUVEZ COMMUNIQUER AVEC NOUS DANS LA LANGUE OFFICIELLE DE VOTRE CHOIX

ANNEX D-6

COMPANY NAME:
ADDRESS:
TEL. NO.:

DATE:

DEBTOR: Name: _____
Address: _____
_____

CREDITOR: Canada Student Loans

AMOUNT OWED: Principal: $_____
Interest at _____%
From: _____

N.S.F. CHEQUE DIVISION

This note is to inform you that your recent cheque has not been honoured by the bank.

We thereby request that you send us a bank draft, certified cheque or money order by return mail.

Failure to remit payment within 10 days will result in cancellation of your agreement with this office. This will necessitate repayment of your debt in full.

DATE & AMOUNT OF N.S.F. CHEQUE _____.

Yours sincerely,

_____
Signature Block

YOU MAY COMMUNICATE WITH US IN EITHER OFFICIAL LANGUAGE

VOUS POUVEZ COMMUNIQUER AVEC NOUS DANS LA LANGUE OFFICIELLE DE VOTRE CHOIX

ANNEX D-7

COMPANY NAME:
ADDRESS:
TEL. NO.:

DATE:

DEBTOR: Name: _____
Address: _____
_____

CREDITOR: Canada Student Loans

AMOUNT OWED: Principal: $_____
Interest at _____%
From: _____

We refer to your Canada Student Loan account which has been placed with our office by the federal government for follow-up and recovery.

The Government of Canada may assume the interest charges on full and part-time Canada Student Loans on behalf of borrowers who are unemployed due to their inability to find employment, or because of temporary illness or incapacity, and are unable to repay their Canada Student Loans without financial hardship. Interest Relief benefits are available for a period of up to eighteen months, during which time the borrower is not required to make any payments.

If you are temporarily disabled, or unemployed and actively seeking and available for work, you may be eligible for assistance under the Interest Relief Plan. In this regard, I am enclosing an application form and a brochure describing the program in detail.

If you believe you qualify for benefits, please complete the application and return it to our office. We will forward it to the Canada Student Loans Program, who will assess your eligibility for assistance and notify you of their decision.

Yours sincerely,

_____
Signature Block

Enclosures

YOU MAY COMMUNICATE WITH US IN EITHER OFFICIAL LANGUAGE

VOUS POUVEZ COMMUNIQUER AVEC NOUS DANS LA LANGUE OFFICIELLE DE VOTRE CHOIX

ANNEX E

Department of the Secretary of State of Canada / Secrétariat d'État du Canada

6	Province of Issue of Last Schedule 1 / Province indiquée dans l'annexe 1 (Dernière)		S.I.N. — N.A.S.

CANADA STUDENT LOANS ACT
CLAIM FOR LOSS – FORM 6

LOI CANADIENNE SUR LES PRÊTS AUX ÉTUDIANTS
RÉCLAMATION EN RAISON DE PERTE – FORMULE 6

COMPLETE. One form 6 for all full-time loans
One form 6 for each part-time loan

REMPLIR. Une formule n° 6 pour tous les prêts d'études à temps plein
Une formule n° 6 pour chaque prêt d'études à temps partiel

PLEASE TYPE OR PRINT IN BLOCK LETTERS

S.V.P. ÉCRIRE À LA MACHINE OU EN LETTRES MOULÉES

SECTION 1

Surname of Student / Nom de famille de l'étudiant	Given Names of Student / Prénoms de l'étudiant	Birth Date de naissance D – J / M – M / Y – A	Sex / Sexe M / F	Last Period of Study End Date / Fin de la dernière année scolaire M / Y – A

Student's Current Address — Adresse de l'étudiant	Any Other Addresses on Record — Adresses précédentes (s'il y a lieu)

Name and Address of Next of Kin (Other than Spouse) / Nom et adresse d'un proche parent (Conjoint exclu)	Name and Address of Educational Inst. Attended / Nom et adresse de l'établ. d'enseig. fréquenté	Employer's Name and Address / Nom et adresse de l'employeur

SECTION 2

☐ Full-time Class "B" Loan / Prêt à temps plein Cat. "B"

☐ Part-time Loan / Prêt à temps partiel

Part-time Auth. Serial No / N° de série du cert. à temps partiel

Total Principal Outstanding / Total du principal impayé	Costs Incurred / Frais engagés	Int. Owing from a Previous Class "B" Period (Attach Promissory Note) / Int. qui ont couru durant une période Cat. "B" ant. (Joindre le billet à ordre)	Interest Paid-to-date / Les intérêts sont payés jusqu'au D – J / M – M / Y – A	Interest Rate / Taux d'intérêt
.	.	.		. %

SECTION 3

☐ Full-time Loan Class "A" / Prêt d'études à temps plein Cat. "A"

Total Principal Outstanding / Total du principal impayé .

Costs Incurred / Frais engagés .

Int. Owing from a Previous Class "B" Period (Attach Promissory Note) / Int. qui ont couru durant une période Cat. "B" ant. (Joindre le billet à ordre) .

Date of Death, Bankruptcy, or Permanent Disability Notification / Date du décès, faillite, de l'avis de l'incapacité permanente
D – J / M – M / Y – A

Has Student Benefited from Additional Aid under the Interest Relief Plan? / Est-ce que l'étudiant a reçu une aide supplémentaire sous le régime d'exemption d'intérêts?
☐ YES / Oui ☐ No / Non

SECTION 4

☐ D Death (Attach Proof) / Décès (Joindre les documents à l'appui)

☐ B Bankruptcy (Attach Proof) / Faillite (Joindre les documents à l'appui)

☐ U Unemployed / Sans emploi

☐ P Permanent Disability (Attach Medical Certificate) / Incapacité permanente (Joindre le certificat médical)

☐ I Illness / Maladie

☐ S Skip Disposition

☐ T Uncooperative / Manque de collaboration

☐ O Other / Autre

SECTION 5

HISTORY OF ACCOUNT — HISTORIQUE DU COMPTE

Complete applicable item below / Remplir les rubriques ci-dessous le cas échéant	DATE D – J	M	Y – A
Formal demand for payment made (Double Registered) / Demande officielle de paiement faite (Recommandée avec accusé de réception)			
Other (Specify) — Autres (Préciser)			

Name and address of bank — Nom et adresse de la banque

Tel. No — N° de tél.

M.I.C.R. Bank Transit Number / N° transitaire de la banque

Comments — Observations

☐ No Funds available in Savings/Chequing Account(s) at the Branch / Insuffisance de provisions dans le(s) compte(s) à notre succursale

☐ All records in other sections of this Branch have been checked for new addresses / Les dossiers de nos succursales n'indiquent aucune nouvelle adresse

Additional comment(s) — Observations

I claim reimbursement of the above Loan together with applicable interest and charges / Je réclame le remboursement du prêt ci-dessus ainsi que des intérêts et frais applicables

Claim Submission Date / Date de présent. de la réclam. D – J / M – M / Y – A

Signature of Responsible Officer of Bank / Signature de l'agent responsable de la banque ▶

TO BE FORWARDED TO THE STUDENT ASSISTANCE DIRECTORATE — ENVOYER À LA DIRECTION DE L'AIDE AUX ÉTUDIANTS

SEC 4-55 (85-04)

Secretary of State / Secrétariat d'État

CSLP COLLECTION OFFICE ADVICE / **AVIS DU SERVICE DE RECOUVREMENT DU PCPE**

C3/2

TO/À: Canada Student Loans Program, Student Assistance Directorate, Secretary of State / Programme canadien de prêts aux étudiants, Direction de l'aide aux étudiants, Secrétariat d'État

From - Expéditeur: Collection Agent / Agent de recouvrement ☐

☐ Re/Sujet: _____
(Name - Nom)

S.I.N. - N.A.S. ☐☐☐☐☐☐☐☐☐

Office Code - Code du bureau ☐☐

Date of transmittal - Date d'envoi D-J M Y-A ☐☐ ☐☐ ☐☐

INSTRUCTIONS FOR COMPLETION

1. Enter code for office to which account was referred by Ottawa office.
2. Enter date of transmittal to branch office (e.g. 01 12 79)
3. Return completed copy 1 to CSLP

INSTRUCTIONS

1. Inscrire le code du bureau auquel le compte a été transmis par le bureau d'Ottawa.
2. Indiquer la date d'envoi à la succursale (par ex.: 01 12 79).
3. Retourner l'exemplaire 1, rempli, au PCPE.

SEC 4-113 (80/10)

ANNEX F-2

CANADA STUDENT LOANS - COLLECTING BRANCH CHANGES

C3/3

TO:

FIRM:

DATE:

Debtor's Name	Social Insurance Number	Original Collecting Branch	New Collecting Branch	Transfer Date	Agency ID

ANNEX G

Canada Student Loans Program

Department of the Secretary of State of Canada

Secrétariat d'État du Canada

Programme canadien des prêts aux étudiants

Box 2090
Station D
Ottawa, Ontario
K1P 6C6

Case postale 2090
Succursale "D"
Ottawa, Ontario
K1P 6C6

NAME
NOM

ACCOUNT NUMBER
NUMÉRO DE COMPTE

THE FOLLOWING ACTIVITY HAS BEEN REPORTED ON YOUR ACCOUNT
L'ACTIVITÉ SUIVANTE A ÉTÉ SIGNALÉE À PROPOS DE VOTRE COMPTE

DATE	TRANSACTION *OPÉRATION*	AMOUNT *MONTANT*

THIS LEAVES YOUR ACCOUNT AS FOLLOWS
CECI LAISSE VOTRE COMPTE COMME SUIT

PRINCIPAL REMAINING *PRINCIPAL RESTANT*	INTEREST PAID UP TO *INTÉRÊT PAYÉ JUSQU'AU*	COSTS, ETC *FRAIS, ETC.*

INTEREST CONTINUES TO ACCRUE AT APPROXIMATELY
INTÉRÊT CONTINUE À COURIR À ENVIRON

CENTS PER DAY
CENTS PAR JOUR

SEC 4-85 (88-02) 7530-21-456-5344

A1609502

COPY 1 STUDENT
COPIE 1 ÉTUDIANT

ANNEX H-1

Secretary of State / Secrétariat d'État

STUDENT LOAN STATUS REPORT – RAPPORT SUR LA SITUATION DE L'ÉTUDIANT
CANADA STUDENT LOANS PROGRAM – PROGRAMME CANADIEN DE PRÊTS AUX ÉTUDIANTS

Form / Formule	Date of issue / Date d'émission
C7	

Surname – Nom de famille	Given Name – Prénom	No. Justice-N°
•		

S.I.N. – N.A.S.

Agency / Agence

Office / Bureau
•

• ENTER ANY NAME OR OFFICE CHANGE – INSCRIRE TOUT CHANGEMENT DE NOM OU DE BUREAU

Check (√) only one of boxes "A" – "S" and, optionally, one of boxes "T" – "X" – Cocher (√) seulement une des cases entre "A" et "S", et une autre, si vous le voulez, entre "T" et "X".

IN CONTACT – EN COMMUNICATION

a) ☐ A payment received with 60 days / Paiement versé dans un délai de 60 jours

b) ☐ Arrangements are being or have been made for payment / Dispositions qui ont été ou sont prises en vue du paiement

REASON FOR NON-PAYMENT – LA RAISON JUSTIFIANT L'ABSENCE DE PAIEMENT

c) ☐ Unemployed – En chômage

d) ☐ In School – Poursuit ses études

e) ☐ Housewife – Ménagère

f) ☐ Welfare – Bien-être social

g) ☐ In Prison – En prison

h) ☐ Over-Extented Financially / Difficultés financières

i) ☐ Illness (Temporary) – Maladie (Temporaire)

j) ☐ Deceased (Attach Death Certificate) / Décès (Joindre certificat de décès)

k) ☐ Social Dropout (Comment Below) / Marginal (Voir observations ci-dessous)

l) ☐ Illness (Permanent – Attach Doctor's Certificate) / Maladie (Chronique – Joindre un certificat médical)

m) ☐ Disputes Claim (Full Report Below) / Conteste la réclamation (Rapport complet ci-dessous)

n) ☐ Refuses to Pay (Provide Information for Judgement) / Refuse de payer (Fournir les renseignements en vue d'une décision judiciaire)

o) ☐ Bankrupt (Provide Proof of Claim and List of Creditors) / En faillite (Fournir la preuve de la réclamation et la liste des créanciers)

p) ☐ States that He/She Paid Directly to C.S.L.P. / Déclare qu'il/elle a payé directement à la P.C.P.E.

q) ☐ Other (Comment Below) – Autre (Voir observations ci-dessous)

y) ☐ Litigation Commenced / Introduction d'instance

z) ☐ Judgement Registered / Jugement enregistré _____ (date) (att. copy / joindre copie)

NO CONTACT – AUCUNE COMMUNICATION

r) ☐ All Leads Exhausted – Tous indices épuisés

s) ☐ Still Tracing – Recherche en cours

POSSIBILITY OF COLLECTION RATING / POSSIBILITÉS DE RECOUVREMENT

t) ☐ Excellent – Excellentes

u) ☐ Good – Bonnes

v) ☐ Fair – Moyennes

w) ☐ Poor (Comment Below) / Faibles (Voir observations ci-dessous)

x) ☐ Nil (Comment Below) / Nulles (Voir observations ci-dessous)

COMMENTS OBSERVATIONS

_____ Signature

_____ Date

C.S.L.P. USE ONLY – A L'USAGE DE P.C.P.E. SEULEMENT

CB INPUT INTRANT _____ Date _____ Init.

Secretary of State / Secrétariat d'État

STUDENT LOAN STATUS REPORT – RAPPORT SUR LA SITUATION DE L'ETUDIANT
CANADA STUDENT LOANS PROGRAM – PROGRAMME CANADIEN DE PRÊTS AUX ÉTUDIANTS

ANNEX H-2

Form / Formule	Date of Issue / Date d'émission
C7	

Surname – Nom de famille	Given Name – Prénom	No. Justice-N°
*		

S.I.N. – N.A.S.

Agency / Agence

Office / Bureau
*

*ENTER ANY NAME OR OFFICE CHANGE – INSCRIRE TOUT CHANGEMENT DE NOM OU DE BUREAU

Check (√) only one of boxes "A" – "S" and, optionally, one of boxes "T" – "X" – Cocher (√) seulement une des cases entre "A" et "S", et une autre, si vous le voulez, entre "T" et "X".

IN CONTACT – EN COMMUNICATION

a) ☐ A payment received with 60 days / Paiement versé dans un délai de 60 jours

b) ☐ Arrangements are being or have been made for payment / Dispositions qui ont été ou sont prises en vue du paiement

REASON FOR NON-PAYMENT – LA RAISON JUSTIFIANT L'ABSENCE DE PAIEMENT

c) ☐ Unemployed – En chômage

d) ☐ In School – Poursuit ses études

e) ☐ Housewife – Ménagère

f) ☐ Welfare – Bien-être social

g) ☐ In Prison – En prison

h) ☐ Over-Extented Financially / Difficultés financières

i) ☐ Illness (Temporary) – Maladie (Temporaire)

j) ☐ Deceased (Attach Death Certificate) / Décès (Joindre certificat de décès)

k) ☐ Social Dropout (Comment Below) / Marginal (Voir observations ci-dessous)

l) ☐ Illness (Permanent – Attach Doctor's Certificate) / Maladie (Chronique – Joindre un certificat médical)

m) ☐ Disputes Claim (Full Report Below) / Conteste la réclamation (Rapport complet ci-dessous)

n) ☐ Refuses to Pay (Provide Information for Judgement) / Refuse de payer (Fournir les renseignements en vue d'une décision judiciaire)

o) ☐ Bankrupt (Provide Proof of Claim and List of Creditors) / En faillite (Fournir la preuve de la réclamation et la liste des créanciers)

p) ☐ States that He/She Paid Directly to C.S.L.P. / Déclare qu'il/elle a payé directement à la P.C.P.E.

q) ☐ Other (Comment Below) – Autre (Voir observations ci-dessous)

y) ☐ Litigation Commenced / Introduction d'instance

z) ☐ Judgement Registered / Jugement enregistré _____ (date) (att. copy / joindre copie)

NO CONTACT – AUCUNE COMMUNICATION

r) ☐ All Leads Exhausted – Tous indices épuisés

s) ☐ Still Tracing – Recherche en cours

POSSIBILITY OF COLLECTION RATING / POSSIBILITÉS DE RECOUVREMENT

t) ☐ Excellent – Excellentes

u) ☐ Good – Bonnes

v) ☐ Fair – Moyennes

w) ☐ Poor (Comment Below) / Faibles (Voir observations ci-dessous)

x) ☐ Nil (Comment Below) / Nulles (Voir observations ci-dessous)

COMMENTS OBSERVATIONS

_____ Signature

_____ Date

C S L P USE ONLY – A L'USAGE DE P.C.P.E. SEULEMENT

C8 INPUT INTRANT _____ Date _____ Initials / Initiales

ANNEX I

Department of the Secretary of State of Canada | Secrétariat d'État du Canada

REPLY TO:

Canada Student Loans Program
Student Assistance Directorate
P.O. Box 2090
Postal Station "D"
Ottawa, Ontario
K1P 6C6

Date: _____

Name: _____

Social Insurance Number: _____

Dear Sir/Madam:

Canada Student Loans Program

We request that you close your file.

REASON FOR CLOSURE: _____

_____

FEE: Yes _____ No _____

IF YES, AMOUNT: $ _____.

Yours sincerely,

Program Section,
Canada Student Loans Program

6620-03-02

6622-07-01

Canada

ANNEX J

WEEKLY REMIT STATEMENT FORMAT

1. The Statement is to be forwarded to CSLP weekly and is to reflect collections as of each Friday and as of the last working day of the moonth.

2. The Statement format must include:

(a) Individual account data

1. Office code of collecting office;
Date (month/day) of collection;
Debtors Social Insurance Number;
Date (month/year) of placement with agency;
Gross amount paid by debtor;
Agency fee (calculated at contract rate);
Provision for increased entries.

Note: a) Data should be listed by office code (alphabetically) in the above sequence in respect of each account.

b) Each transaction must be listed in Social Insurance number order within office codes.

(b) Summary data

Total fees due agency as of date of statement in respect of recoveries shown on statements.

Gross collections on individual accounts shown on statement.

Net collections (i.e. Gross collections - reversing entries).

Amount due to CSLP.

Revised November 2, 1988

ANNEX K

Tape Format for Transmitting Recovery Data

1. Tape is submitted weekly on same basis as statement

2. Record Description for Claims Sub-system Payment Data Input

Field No.	Field Name	Field Size	From Position	To Position	Picture
1	TRANSACTION CODE	2	1	2	C6
2	SOCIAL INSURANCE NO.	9	3	11	9(9)
3	DEBTOR'S SURNAME	12	12	23	X(12)
4	PYMNT TRANSACTION DATE	6	24	29	9(6)°
5	PYMNT TRANSACTION AMT	7	30	36	S9(7)°°
6	COLLECTION FEE AMT	7	37	43	S9(7)°°°
7	COLLECTOR AGENCY CODE	1	44	44	X
8	COLLECTOR OFFICE CODE	2	45	46	XX
9	FILLER OF BLANKS	75	47	120	X(75)

Comments

° date is to be in DDMMYY format
°° amount is in S9(5) V99 format
°°° amount is in S9(5) V99 format

A three-digit batch number required at end of data.

Density: 1600
Labels: IBM STANDARD
Record Length: 120
Block: 10

ANNEX L-1
Revised Nov. 2, 1988

Department of the Secretary of State of Canada / Secrétariat d'État du Canada

REPLY TO:

Canada Student Loans Program
Student Assistance Directorate
P.O. Box 2090, Station 'D'
Ottawa, Ontario
K1P 6C6

CANADA STUDENT LOANS PROGRAM
QUESTIONNAIRE FOR COMPLETION BY ATTENDING PHYSICIAN

NOTE TO PHYSICIAN:

The information you provide is used to decide on whether or not the student named below will be required to repay her/his Canada Student Loan. We need to know if you consider the disability to be permanent and if the effect will be to substantially reduce the lifetime earning capacity of this person.

Precise answers will help us to make a clear decision and avoid delay in resolving this borrower's loan problem. (i.e. please avoid words like "possibly", "probably")

If you prefer, you may mail this questionnaire directly to the above address in the enclosed envelope. All information will be treated as confidential and will be used solely by officials of the Canada Student Loans Program, Student Assistance Directorate.

Name: _____

S.I.N.: _____

Nature of illness or disability: _____

_____

Approximately how long has this person had the disability? _____

_____

Do you consider this to be a permanent disability? _____

Is the disability likely to substantially reduce this person's lifetime earning capacity? _____

Remarks:

Signed: _____

Doctor's name and address (please print)

_____

_____

NOTE: Any costs incurred in completing this questionnaire are the responsibility of the patient.

Canada

Date: _____

ANNEX L-2

Secretary of State of Canada
Secretariat d'Etat

Student Assistance
Aide aux étudiants

Canada Student Loans
Régime canadien des prêts aux étudiants

AUTHORIZATION TO DISCLOSE MEDICAL OR VOCATIONAL INFORMATION
AUTORISATION DE DEVOILER DES RENSEIGNMENTS MEDICAUX OU D'EMPLOI

GIVEN NAME AND INITIAL-PRENOM ET INITIALE	FAMILY OR LAST NAME-NOM DE FAMILLE	SOCIAL INSURANCE NUMBER NO D'ASSURANCE SOCIALE

I hereby authorize any physician, hospital or other medical or vocational agency having medical or vocational records pertaining to the person named above, to disclose the information contained in those records to the Student Assistance Directorate for the purposes of determining whether that person is permanently disabled.

J'autorise, par la présente, tout médecin, hôpital ou autre organisme médical ou agence de réadaptation qui possède des renseignements medicaux ou d'emploi au sujet de la personne ci-haut nommée, à dévoiler ces renseigrments au Direction de l'aide aux étudiants en vue de déterminer si, aux termes de la Loi, ladite personne souffre d'une deficience permanente.

SIGNATURE OF PERSON NAMED ABOVE
SIGNATURE DE LA PERSONNE CI-HAUT NOMMEE

SIGNATURE OF WITNESS
SIGNATURE DE TEMOIN

SIGNATURE OF PERSON ACTING ON BEHALF OF PERSON NAMED ABOVE
SIGNATURE DE MANDATAIRE DE LA PERSONE CI-HAUT NOMMEE

ADDRESS - ADRESSE

AS PARENT/GUARDIAN/LEGAL REPRESENTATIVE ETC
EN QUALITE DE PARENT/CURATEUR/REPRESENTANT LEGAL ETC

INDICATE WHICH - LEQUEL

DATE

projet/draft

Secretary of State of Canada / Secrétariat d'État du Canada

CANADA STUDENT LOANS PROGRAM / PROGRAMME CANADIEN DE PRÊTS AUX ÉTUDIANTS

APPLICATION FOR INTEREST RELIEF

DEMANDE D'EXEMPTION D'INTÉRÊTS

81.

IMPORTANT - Read the instructions overleaf before completing.
ATTENTION - Lire d'abord les instructions à l'endos avant de compléter.

PLEASE TYPE OR PRINT IN BLOCK LETTERS - SVP ÉCRIRE À LA MACHINE OU EN LETTRES MOULÉES

S.I.N. - N.A.S.

BIRTH DATE - DATE DE NAISSANCE

SECTION 1 TO BE COMPLETED BY APPLICANT - PARTIE 1 DOIT ÊTRE REMPLIE PAR LE REQUÉRANT

SURNAME - NOM DE FAMILLE

GIVEN NAME - PRÉNOM

MAIDEN NAME - NOM DE FILLE

MARITAL STATUS - ÉTAT CIVIL
MARRIED (MARIÉ(E)) / SINGLE (CÉLIBATAIRE) / OTHER (AUTRE)

MAILING ADDRESS - ADRESSE POSTALE
STREET NUMBER AND NAME (NUMÉRO ET RUE) / APT. (APP.)
CITY (VILLE) / PROV. / POSTAL CODE (POSTAL)

DOES APPLICANT RESIDE IN CANADA? (REQUÉRANT RESIDE AU CANADA?) YES (OUI) / NO (NON)

NO. OF PERSONS IN FAMILY INCLUDES APPLICANT, SPOUSE & THEIR DEPENDANTS ONLY (NOMBRE DE PERSONNES DANS LA FAMILLE CECI INCLUS SON CONJOINT ET LEURS DÉPENDANTS SEULEMENT)

DOES SPOUSE RESIDE IN CANADA? (CONJOINT RESIDE AU CANADA?) YES (OUI) / NO (NON)

SPOUSE'S S.I.N. (N.A.S. DU CONJOINT)

GROSS INCOME OF APPLICANT (AND SPOUSE, IF APPLICABLE) LAST 4 WEEKS - REVENU BRUT DU REQUÉRANT (ET SON CONJOINT, LE CAS ÉCHÉANT) 4 DERNIÈRES SEMAINES

1 APPLICANT'S INCOME (REVENU DU REQUÉRANT) $

2 SPOUSE'S INCOME (IF APPLICABLE) (REVENU DU CONJOINT (LE CAS ÉCHÉANT)) $

3 SAVINGS, GIFTS & INCOME FROM INVESTMENTS (ÉPARGNES, CADEAUX ET REVENU PROVENU D'INVEST.) $

TOTAL GROSS INCOME (ADD 1, 2 AND 3) - TOTAL DU REVENU BRUT (ADDITIONNER 1, 2 ET 3) $

REASON FOR NOT WORKING, CHECK REASON A OR B - RAISON POUR LAQUELLE LE REQUÉRANT EST SANS EMPLOI, COCHER LA CASE A OU B

REASON (RAISON) A UNEMPLOYMENT (SANS EMPLOI)

1 LAST DATE I HELD A FULL TIME JOB (OR, IF NEVER HAVING BEEN EMPLOYED FULL TIME, DATE FROM WHICH I HAVE BEEN AVAILABLE FOR FULL TIME EMPLOYMENT)
DATE DEPUIS LAQUELLE JE SUIS (OU SUIS DISPONIBLE À TEMPS PLEIN (OU, SI JAMAIS OCCUPÉ UN EMPLOI À TEMPS PLEIN, DATE DEPUIS LAQUELLE JE SUIS DISPONIBLE POUR DU TRAVAIL À TEMPS PLEIN)

2 TOTAL NUMBER OF HOURS WORKED IN LAST 4 WEEKS (NOMBRE D'HEURES TRAVAILLÉES LES 4 DERNIÈRES SEMAINES)

3 I AM (OR AM NOT) AVAILABLE FOR WORK 30 HOURS OR MORE WEEKLY (JE SUIS DISPONIBLE POUR TRAVAILLER 30 HEURES OU PLUS PAR SEMAINE) YES (OUI) / NO (NON)

4 I AM ACTIVELY SEEKING WORK OF 30 HOURS OR MORE PER WEEK (JE CHERCHE ACTIVEMENT UN EMPLOI DE 30 HEURES OU PLUS PAR SEMAINE) YES (OUI) / NO (NON)

REASON (RAISON) B INCAPABLE OF WORKING DUE TO TEMPORARY ILLNESS OR DISABILITY (SEE INSTRUCTIONS OVERLEAF)
INCAPABLE DE TRAVAILLER DU À UNE MALADIE TEMPORAIRE OU INCAPACITÉ (VOIR LES INSTRUCTIONS À L'ENDOS).

APPLICATION AND CERTIFICATE - I hereby apply for interest relief on the outstanding principal of my loans noted below. I swear that all information given by me in Section 1 of this application is true and accurate. I further swear that I meet all conditions of eligibility listed overleaf. I understand every person, who, in respect of a guaranteed student loan, knowingly makes any false statement or misrepresentation in an application or other document or wilfully furnishes any false or misleading information is guilty of an offence under the Canada Student Loans Act.

DEMANDE ET ATTESTATION - Je demande, par la présente, une remise des intérêts sur le principal non payé des prêts mentionnés ci-dessous. Je jure que tous les renseignements que j'ai inscrits dans la Partie 1 de la présente demande sont justes. Je jure également que je satisfais aux critères d'admissibilité énumérés au verso. Je comprends que quiconque fait sciemment, au sujet d'un prêt d'études garanti, une fausse déclaration ou un faux exposé dans une demande ou un autre document, ou fournit délibérément à ce sujet un renseignement faux ou trompeur, est coupable d'une infraction à la Loi sur les prêts aux étudiants.

APPLICANT'S SIGNATURE & SPOUSE (WHERE APPLICABLE) (SIGNATURE DU REQUÉRANT ET CONJOINT (LE CAS ÉCHÉANT)) / APPLICANT - REQUÉRANT / SPOUSE - CONJOINT / APPLICATION DATE (DATE DE LA DEMANDE) D-J M A-N Y-A

ELIGIBLE AUTHORITY - Signed (and sworn) by the applicant and spouse (where applicable) before me at (AUTORITÉ ADMISSIBLE - Signé (et déclaré sous serment) devant moi par le requérant et son conjoint (le cas échéant) à)

CITY - VILLE / PROV. / SIGNATURE / D-J M A-N

DESIGNATION / NAME (PLEASE PRINT) NOM (LETTRES MOULÉES) / ADDRESS - ADRESSE

If signed by a Commissioner for Taking Oaths please enter expiry date of Commission
Si signé par un Commissaire aux serments veuillez indiquer la date d'expiration du commission

D-J M A-N Y-A

SECTION 2 TO BE COMPLETED BY LENDING INSTITUTION - PARTIE 2 DOIT ÊTRE REMPLIE PAR L'ÉTABLISSEMENT PRÊTEUR

FULL-TIME LOANS - PRÊTS D'ÉTUDES À TEMPS PLEIN

NAME AND ADDRESS OF LENDING INSTITUTION (NOM ET ADRESSE DE L'ÉTABLISSEMENT PRÊTEUR)

OUTSTANDING PRINCIPAL AMOUNT	DATE PRINCIPAL AMOUNT NOT PAID TO DATE (DATE JUSQU'À LAQUELLE LE PRINCIPAL N'A PAS ÉTÉ PAYÉ)	INTEREST RATE (TAUX D'INTÉRÊT)	MONTHLY PRINCIPAL PAYMENTS (VERSEMENTS MENSUELS DU PRINCIPAL)	LAST PRINCIPAL PAYMENT MADE (DERNIER VERSEMENT DU PRINCIPAL)	DATE OF SCHEDULE 1 (DATE DE L'ANNEXE 1)
$	D-J M A-N Y-A	%	$	D-J M A-N Y-A	D-J M A-N Y-A

PART TIME LOANS - PRÊTS D'ÉTUDES À TEMPS PARTIEL

S.I.N. - N.A.S.	DATE PRINCIPAL AMOUNT NOT PAID TO DATE (DATE JUSQU'À LAQUELLE LE PRINCIPAL N'A PAS ÉTÉ PAYÉ)	OUTSTANDING PRINCIPAL AMOUNT	INTEREST RATE (TAUX D'INTÉRÊT)	MONTHLY PRINCIPAL PAYMENTS (VERSEMENTS MENSUELS DU PRINCIPAL)	LAST PRINCIPAL PAYMENT MADE (DERNIER VERSEMENT DU PRINCIPAL)
	D-J M A-N Y-A	$	%	$	D-J M A-N Y-A
		$	%	$	
		$	%	$	
		$	%	$	

TRANSIT NO. OF TRANSIT

LOAN WAS CERTIFIED CORRECT (ATTESTATION DE L'EXACTITUDE DES RENSEIGNEMENTS RELATIFS AUX PRÊTS)

SIGNATURE OF RESPONSIBLE OFFICER OF LENDING INSTITUTION (SIGNATURE DU CADRE RESPONSABLE À L'ÉTABLISSEMENT PRÊTEUR)

D-J M A-N Y-A

SECTION 3 - COLLECTION AGENCY OR STUDENT ASSISTANCE DIRECTORATE
PARTIE 3 - AGENCE DE RECOUVREMENT OU DIRECTION DE L'AIDE AUX ÉTUDIANTS

FULL-TIME LOAN (PRÊTS D'ÉTUDES À TEMPS PLEIN) / PART-TIME LOANS (PRÊTS D'ÉTUDES À TEMPS PARTIEL)

PART-TIME LOAN S.I.N.'S (NUMÉROS DE NAS DANS LE CAS DE PRÊT TEMPS PARTIEL)

SIGNATURE OF AGENCY OR DIRECTORATE OFFICIAL (SIGNATURE DU CADRE DE L'AGENCE DE RECOUVREMENT OU DE LA DIRECTION DE L'AIDE AUX ÉTUDIANTS)

D-J M A-N Y-A

COLLECTION AGENCY CODE (CODE DE L'AGENCE DE RECOUVREMENT)

STUDENT ASSISTANCE DIRECTORATE USE ONLY - À L'USAGE DE LA DIRECTION DE L'AIDE AUX ÉTUDIANTS

1ST - 1ER / 2ND - 2IÈME / 3RD - 3IÈME

ILLNESS CODE (CODE CORRESPONDANT À LA MALADIE)

SIGNATURE

SSC 0418 (87-10)

Canada

Pink — Student Ass. Dir. from Lending Institution or Collection Agency
Rose — Transmise par l'établissement prêteur ou l'agence de recouvrement à la Dir. de l'aide aux étudiants

ANNEX N1

CANADA STUDENT LOANS PROGRAM

COLLECTION ACTIVITY REPORT

SUMMARY

1) BY COLLECTION AGENCY : _____
2) BY BRANCH: _____

For the month ending _____

	FROM DATE RECEIVED FROM CSLP				
	WITHIN 3 MONTHS	BETWEEN 3 & 6 MONTHS	BETWEEN 6 & 12 MONTHS	BETWEEN 1 & 3 YEARS	MORE THAN 3 YEARS
1. $ Amount collected					
2. Number of accounts on which payments are being made					
3. Number of accounts traced but on which payments are not being made					
4. Number of accounts being traced					
5. Number of accounts on which contact has been lost					
6. Number of accounts considered uncollectable					
7. Total accounts on hand					

ANNEX N-2

1) ROLL-UP BY AGENCY
2) ROLL-UP BY BRANCH

CANADA STUDENT LOAN PROGRAM

ACCOUNTS RECONCILIATION
at _____

1.	Number of accounts on hand at start (of period)	_____
2.	New accounts received	_____
3.	Accounts closed or returned to CSLP	_____
4.	Transfers to other branches	_____
4.	Transfers from other branches	_____
6.	Number of accounts on hand at end (of period)	